

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|--|-----------------|----------|--|--|----|--|--|--|--|
| 1 Date of Request: _____ | | 2 Serial/Patent 10/523927 | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| | Petition | | | \$ | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| | | Treasury Check | | | | | | | | | |
| | | Credit Deposit A/C #: | | | | | | | | | |
| | | <div style="display: flex; align-items: center;"> 9 <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> | | | | | -- | | | | |
| | | -- | | | | | | | | | |
| 10 REASON: | | | | | | | | | | | |
| | Overpayment | | | | | | | | | | |
| | Duplicate Payment | | | | | | | | | | |
| | No Fee Due (Explanation): | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: _____ | | TITLE: _____ | | | | | | | | | |
| SIGNATURE: _____ | | <div style="font-size: small;"> Adjustment Date: 05/28/2005 PKIDWELL 85/63/2005 PKIDWELL 00000004 194880 10523827 01 FC:2642 200.00 CR </div> | | | | | | | | | |
| OFFICE: _____ | | | | | | | | | | | |
| ***** | | | | | | | | | | | |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: | | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: